

## **Application Data Sheet**

### **Application Information**

Application number:: Unassigned  
Filing Date:: 01/25/2002  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: INTERACTIVE EDUCATION SYSTEM  
Attorney Docket Number:: 04870.00009  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency:: NO  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Middle Name:: A.  
Family Name:: Norcott  
Name Suffix::  
City of Residence:: Vienna  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 1520 W. Altorfer Drive  
  
City of mailing address:: Peoria  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61655

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Aleksandar  
Middle Name:: S.  
Family Name:: Manov  
Name Suffix::  
City of Residence:: Peoria  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 6116 North Saint Mary's Road  
  
City of mailing address:: Peoria

State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61614

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::


## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: SVI Systems, Inc.  
 Street of mailing address:: 1520 W. Altorfer Drive  
 City of mailing address:: Peoria  
 State or Province of mailing address:: IL  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 61655